FOR INSTRUCTIONS, SEE BACK OF FORM		(D) G FORM
DISCLOSURE SUMMARY PAGE	A ETMON	DR-2 (Rev. 01/98) DISCLOSURE REPORT
		For Office Use Only
COMMITTEE NAME (Must be same as on Statement of Organization	ion)²⁰¹⁰ OCT 21 - At	19:03 comm. # 9117
Louisa Country Democrato Central	-Committee	Indexed S
IMPORTANT: Indicate type of committee you are reporting for:		Audited
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) C (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Centra (8) Support State of Candidates	ounty/Local Candidate al Committee	Computer
SIGNATURE OF TREASURER (or person filing this report)	TELEPHONE	DATE SIGNED
Routine Penalties Due For Late File	ed Reports Range	from \$20 to \$400
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FO	LLOWING SENTENC	<u>E:</u>
I AM FILING A October 19 2010 REF	PORT FOR AN/A (1) EL	ECTION /(2)NON-ELECTION YEAR.
(report date)		ndicate one
CHECK IF AMENDMENT TO REPORT DATED		Local Committees, enter Date of Election
Check if this is final (termination) report and attach Notice of Diss (You must continue to file reports until a Notice of Dissolution)		County & Local Committees, enter County in which Election is held
	CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (This is the of all monies held by the committee. This amount MUST is same as the cash on hand at the end of the last reporting period.)	e the	
or must be zero if this is first report filed.)		s <u>479.01</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)	***************************************	<u>\$ 98.00</u>
Schedule F: Loans Received total (Attach Schedule F)	******************	
Schedule H: Total Sales of Campaign Property (Attach Sc	nedule H)	
(Schedule H applies to Candidates' Committee	s Only)	

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

CASH ON HAND at the end of this reporting period (if final report, balance must

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

be zero) (Attach DR-3)\$

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
	COMMITTEE NAME (Must be same as on Statement of Organization)
S LEDITO CONTROL CONTINUE CONTINUED	Source County Democrat Central Committee

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
CHEC	CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
1067/10	ID# CK#	Anita Ingersoll 1400 Concord Istrect Columbra Junction DA 52738 Uniterrized Contributions	./	\$30.00	
olorlo	ID# CK#	Uniterrized Contributions		\$68.00	
	ID# CK#				
	ID#				
	ID#				·
-	ID#				
·	ID#				
	CK#				
	CK#				
	CK#				
	CK# _{396 (8} 6 977	on the control of the			
			SUB-TOTAL	60 00	•

TOTAL (if last page of this

page of this schedule) \$98.

Page of for Schedule A)

\$**6**8.00

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

TE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same	as o	n Statement	of Organization)
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Louisa County Democrat C	entral (Committee
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DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#			
	CK#			\$
	ID#			
	CK#			
	ID#		<u></u>	
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			•
	ID#			<u></u>
:	CK#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ -0 -

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

penditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(I).)

Page	of _	<u> </u>
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